

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 21 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N51276 (6)
1. Corporation Name
SURF CLUB CONDOMINIUM ASSOCIATION, INC.



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| Principal Place of Business 104 SURFVIEW DRIVE PALM COAST FL 32137 US | Mailing Address 104 SURFVIEW DRIVE PALM COAST FL 32137 US |
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|---|-----------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 10/08/1992 | 4. FEI Number 59-3150302 | Applied For Not Applicable |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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|--|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
MAY MGMT SERVICES INC.
4320 A1A SOUTH SUITE #2
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent
81 Name: PREFERRED Management Services
82 Street Address (P.O. Box Number is Not Acceptable): 500 N. OCEANSHORE Blvd. #7 INC.
84 City: Flagler Beach FL 85 Zip Code: 32156

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/16/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|------------------------|
| TITLE | TD | 1.1 TITLE | Asst Secretary |
| NAME | JOHN FERN | 1.2 NAME | FANNY C. Hertera |
| STREET ADDRESS | 161 HAVILLAND PT | 1.3 STREET ADDRESS | 104 surfview Dr. #1605 |
| CITY-ST-ZIP | LONGWOOD FL | 1.4 CITY-ST-ZIP | PALM COAST FL 32137 |
| TITLE | PD | 2.1 TITLE | 5 |
| NAME | GASPERINI, GIORGETTA | 2.2 NAME | Robert J. Wallace |
| STREET ADDRESS | 104 SURFVIEW DR. UNIT 1205 | 2.3 STREET ADDRESS | 104 SURFVIEW DR #2003 |
| CITY-ST-ZIP | PALM COAST FL 32137 | 2.4 CITY-ST-ZIP | PALM COAST FL 32137 |
| TITLE | VPD | 3.1 TITLE | |
| NAME | SCHRECK, JACK | 3.2 NAME | |
| STREET ADDRESS | 104 SURFVIEW DR. UNIT 1408 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM COAST FL 32137 | 3.4 CITY-ST-ZIP | |
| TITLE | VPD | 4.1 TITLE | |
| NAME | JACK SCHRECK | 4.2 NAME | |
| STREET ADDRESS | 104 SURFVIEW DR., #1408 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM COAST FL | 4.4 CITY-ST-ZIP | |
| TITLE | SD | 5.1 TITLE | |
| NAME | RUBINO, DOROTHY | 5.2 NAME | |
| STREET ADDRESS | 104 SURFVIEW DR. UNIT 2201 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM COAST FL 32137 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | |
| NAME | PIKE, JAMES | 6.2 NAME | |
| STREET ADDRESS | 104 SURFVIEW DR UNIT 1306 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM COAST FL 32137 | 6.4 CITY-ST-ZIP | |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/26/98 (904) 446-5222

CR2E037 (10/97)